

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11005

2. Fiscal Year Covered From

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name SUSAN Michielli

P.O. Box, Bldg., Room No., if any

Street 4 Ashley Court

City BARRINGTON

State NJ ZIP Code + 4 08007

4. Name, file number, and address of labor organization.

Name UNITED FOOD + COMMERCIAL WORKERS, Local 1360

Labor Organization File Number 016-920

P.O. Box, Building and Room Number, if any

Street 400 COMM-FACE LAKE + RT 73

City WEST BERLIN

State NJ ZIP Code + 4 08091

5. Position in labor organization. UNION REPRESENTATIVE

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any)

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Susan Michielli

On 7/19/05
Date

856-767-4001 EXT 321
Telephone Number

Name of Person Filing

SUSAN Michielli

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name MOREY'S PIERSTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 3501 BOARDWALKCity WildwoodState NJ ZIP Code + 4 08260

14.a. Nature of payment.

4 VIP PASSES

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

96.00

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name FABULOUS SPECIALTIES, INC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 600 S. LIVINGSTON AVE, SUITE 208

City LIVINGSTON

State NJ ZIP Code + 4 07039

14.a. Nature of payment.

Christmas gift-jewelry box

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

29.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

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City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.